



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1584

**DATE:** December 15, 2015

**TO:** Iowa Medicaid Integrated Health Home (IHH) Providers

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Tips and Tools for Fee-For-Service (FFS) - IHH

**EFFECTIVE:** January 1, 2016

Integrated Health Home is a Medicaid program that supports qualified Medicaid providers in offering additional services for members with serious mental illness (SMI) and serious emotional disturbance (SED). The structure recognizes providers for care coordination activity and enhanced patient support to drive improved patient outcomes and (ultimately) cost savings that is shared with the IHH provider in the form of a Per Member Per Month (PMPM) payment. Further information on the [Integrated Health Homes Program](#)<sup>1</sup> is found on the DHS website.

This Informational Letter addresses tips and tools for Medicaid members in the FFS population that are enrolled in an IHH. Providers that enroll members assigned to a Managed Care Organization (MCO) would follow the MCO's processes.

### Tips for Billing Health Home Services:

Beyond the usual FFS reimbursement, IHH providers are eligible for a PMPM payment. The PMPM is a reflection of the enhanced coordination service to members based on an overall health assessment using guidelines that are published by the state. The [fee schedule and general information](#)<sup>2</sup> on billing the PMPM claim can be found on the DHS website.

A common question from new IHH providers is how to bill for the PMPM when more than four diagnosis codes are required on the claim. Some billing software systems will not accept more than four diagnosis codes on a single line. In this case it is acceptable to bill the procedure 99490 on line one of the claim with the appropriate PMPM rate followed by additional lines showing a \$0.00 charge, which allows for the use of diagnosis pointers to indicate additional diagnosis codes. **Note:** the total PMPM charge will still pay correctly on line one of the claim, even though subsequent lines will deny.

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<sup>1</sup> <https://dhs.iowa.gov/ime/providers/integrated-home-health>

<sup>2</sup> [https://dhs.iowa.gov/sites/default/files/IntegratedHealthHome\\_PMPMFeeSchedule\\_0.pdf](https://dhs.iowa.gov/sites/default/files/IntegratedHealthHome_PMPMFeeSchedule_0.pdf)

### **Tools for Integrated Health Home Providers:**

To ensure members can make it to medical appointments, the IME also supports a program for **non-emergency medical transportation** (NEMT) for those who are unable to secure their own, appropriate transportation. NEMT is handled through the vendor, TMS Management Group, Inc. (TMS). When TMS receives a transportation request, they verify eligibility and ensure the trip meets all other requirements. The service may include bus tokens, public transportation, volunteer services, or mileage reimbursement. TMS requires a 72 hour advance notice to approve and schedule trips. For more information regarding TMS please refer to the DHS [NEMT](#)<sup>3</sup> web page.

The IME appreciates your continued partnership as we work to improve health outcomes. If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

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<sup>3</sup> <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/nemt>